PTC/S8/06 (08-03)
Approved for use through 7/31/2006; OMB 0651-0032
leaf and Trademerk Office; U.S. DEPARTMENT OF COMMERCE

Under the Pap	ATENT	APPLI	CATIO	N FEE DETE	RMINATIC	N	RECORD	crimation units	Applica CYG	19240	ontrol man
CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR		NUMBER FILED NUMBER EX				1	RATE	FEE	1	RATE	
BASIC FEE (37 CFR 1.19(e))	_	14090	en PILEU	NUME	EREXINA	1	KATE	s tee	OR	KATE	210
TOTAL CLAIMS (37 CFR 1 14(ii))		23	minus 21	. I	3	1	× 5=		OR	x 5 -	54
INCEPENDENT	LAIMS	7	minus :	_	-	1	× 1 .		OR	x 1 .	~7
MULTIPLE DEPE	NODAT CLA	M COESE		37 CFR 1.19000		ı			OR		200
* If the difference in column 1 is less than zero, enter "0" in column 2.								_		+1	1039
II ON ORIENTIC					2,		TOTAL		OR	TOTAL	2001
	CLAIMS	AS AM	ENDED	- PART II							
A «		imn 1)		(Column 2)			SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
Total arcm (16)	REA	AIMS AINING TER (DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE
OT CPR 1 HIS	6	2	Minus	23	-0	١,	× 5		OR	× s =	
Independent (37 GFR 1.86)	0	/	Minus	<u> </u>	.0	П	x s=		OR	× 5 =	\neg
FIRST PRES	MENTATION C	FAULTUS	E DEPENDI	ENT CLAIM (37 C	FR 1.16(d))				OR	+1 =	
						٠.	TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	4
	(Colu	mn 1)		(Column 2)	(Column 3)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ADDETEC	ليا
Total Or Corn in the	REM	AIMS AINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ĺ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL PEE
CIT CITR 1.160	· / 6	12	Minus	-23	.0		× 5 =		OR	× 5=	
A Independent	٠.	1	Minus	Ø	0	ı	x 5 =		OR	× 5	
RRST PRES	ENTATION O	MULTPL	E DEPENDE	INTOLAM (87 CI	FR 1.16(d))				OR	+5 .	T
							ADD1 FEE		OR	TOTAL ADD L FEE	6
		ma 1)		(Column 2)	(Column 3)						
	REM	NIMS NINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total profession		2	Minus	" <i>3</i> 3	-6	1	× 5		OR	× 5=	
Total professions Z Independent professions			Minus	·· 3	.8	ı	x 1=		OR	x 5 •	1
FRST PRES	ENTATION O	MULTIPLE	DEPENDE	NT CLAIM (STOP	1.16(d))	ı	+ 5 -		OR	+1 -	\neg
							TUTAL ADDL FEE		OB.	TOTAL ADDL FEE	A
" If the "High " If the "High: The "Higher	est Number ist Number i it Number P	Previously Proviously welcusty F	Paid For Paid For	in column 2, with IN THIS SPACE IN THIS SPACE Fotal or Independ R 1.16. The Info	is less than 20, or is less than 3, or inch is the binder	otto Your	"3". oterhae franset in 1	he appropriate	bax in co	olumn 1.	

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